



CITY OF ROCKVILLE, MARYLAND

REASONABLE ACCOMMODATION REQUEST

Name:

Address:

Telephone: (____) _____ Email: _____

1. I am requesting accommodation because (check one)

- ☐ The accommodation will allow me to participate in the following City program or service or to access the following City facility:

2. ☐ The accommodation I am requesting is described below. (If it is a purchasable item, please provide the model number, cost, and where it can be obtained).

3. Describe how this accommodation will assist you. Please attach additional sheets as necessary.

4. Provide medical or other documentation that specifically supports your request for accommodation.

5. I certify that I have a disability or medical condition that requires reasonable accommodation, which will be met by acquiring the equipment, services, facility modifications, or work adjustments described above.

Signature

Date

**Please submit the completed form to: Janet Kelly, ADA Coordinator, City of Rockville,
111 Maryland Avenue, Rockville, MD 20850**

REVIEW PROCESS:

The review process, concluding with the approval or denial of the requested accommodation, shall be completed within fifteen (15) working days from the date of the request, unless the requestor and the City agree to an extension of time.

If the request for accommodation is approved, it will be provided without undue delay. The City will notify the requestor and make the necessary implementation arrangements.

If the City is unable to provide the accommodation that was requested and the alternative solutions won't meet the need, the requester may appeal to the Assistant City Manager as provided for in the City's Grievance Procedure and described below.

APPEAL PROCESS:

Decisions on reasonable accommodations may be appealed to the Assistant City Manager through the City's ADA and Section 504 Grievance Procedure. An appeal of a denial to provide an accommodation must be made by the requestor and/or designee as soon as possible but no later than 60 calendar days from the decision to deny the accommodation to: Assistant City Manager, Rockville City Hall, 111 Maryland Ave, Rockville, Maryland 20850. See Grievance Procedure at www.rockvillemd.gov/ for complete instructions and details governing the process.

THE CITY OF ROCKVILLE IS COMMITTED TO THE AMERICANS WITH DISABILITIES ACT AND SEC. 504 OF THE REHABILITATION ACT OF 1973. TO REQUEST THIS FORM IN AN ALTERNATIVE FORMAT, EMAIL ADACoordinator@RockvilleMD.gov OR CALL 240-314-8108. Revised on 3/2011